STATE OF CALIFORNIA
BETTY T. YEE,
California State Controller

STATE CONTROLLER'S OFFICE PERSONNEL/PAYROLL SERVICES DIVISION P. O. BOX 942850 Sacramento, CA 94250-5878

DATE: January 10, 2017 PERSONNEL LETTER #17-001

TO: All Agencies/Campuses in the Uniform State Payroll System

FROM: Debra Spellman, Chief

Personnel/Payroll Services Division

## RE: CALPERS' RECIPROCAL SELF-CERTIFICATION FORM AND SUBMISSION PROCESS

CalPERS has published a revised Reciprocal Self-Certification Form (PERS-CASD-801) (<a href="https://www.calpers.ca.gov/docs/forms-publications/self-certification.pdf">https://www.calpers.ca.gov/docs/forms-publications/self-certification.pdf</a>) used for reporting employee reciprocal data to CalPERS. This form replaces the Member Self-Certification Form previously introduced upon passage of the Public Employees' Pension Reform Act of 2013 (PEPRA) in CalPERS Circular Letter 200-063-12.

The purpose of this letter is to highlight the changes to the Reciprocal Self-Certification Form and clarify the procedures for completion and submission of the form. These procedures were previously identified in Personnel Letter #13-012 (<a href="http://www.sco.ca.gov/Files-PPSD-Letters/Pers/2013\_e13-012.pdf">http://www.sco.ca.gov/Files-PPSD-Letters/Pers/2013\_e13-012.pdf</a>) and Personnel Letter #13-013 (<a href="http://www.sco.ca.gov/Files-PPSD-Letters/Pers/2013\_e13-013.pdf">http://www.sco.ca.gov/Files-PPSD-Letters/Pers/2013\_e13-013.pdf</a>). It is imperative that employees with reciprocal rights accurately report the information upon hire in order to be placed into the correct enrollment category.

## **FORM COMPLETION**

- 1. The Reciprocal Self-Certification Form must be provided to, and completed by, **all employees new to State Service**.
- 2. A complete and legible employee name and CalPERS ID Number must be written in the first box of the form. If a CalPERS ID Number is not available, the employee may list the last four digits of his/her Social Security Number.
- 3. The employee must check the most appropriate statement from the six options listed on the form.
- 4. If the last statement is selected, indicating that the employee is currently an active member of another Public Retirement System in California, the second box must be completed by the employee.
- 5. The name of the reciprocal system must be written exactly as it appears in the List of Qualifying Public Retirement Systems on page 2 of the form and be legible. **ONLY Public Retirement Systems that are on this list may be entered into the box. All dates MUST include Month/Day/Year and be accurate to the day.** Forms without legible and complete reciprocal system names and completed dates will be returned for correction.
- 6. The employee must sign and date the form.
- 7. The agency must complete the box on the form at the bottom of the page, **TO BE COMPLETED BY EMPLOYER**. All fields must be completed and all dates must include

Month/Day/Year. It is the responsibility of the agency to ensure the form is completed correctly prior to sending to the SCO.

## **FORM SUBMISSION**

- 1. Ensure that the form is completed correctly. Keep the original form and send a **COPY** to the SCO.
- 2. Forms are to be submitted once per calendar month.
- 3. Email completed forms to <a href="PPSDreciprocity@SCO.CA.GOV">PPSDreciprocity@SCO.CA.GOV</a>. It is preferred that the form be sent by email however, U.S. Postal Mail is also acceptable. Forms sent by email should not contain full Social Security Numbers. If a CalPERS ID number is not available, only the last four digits of the Social Security Number should be listed.
- 4. No forms should be sent to CalPERS.
- 5. Any forms needing further information or corrections will be returned via the email contact by which they arrived. The most common reasons for returning a form include:
  - Incomplete or missing dates.
  - Incomplete or illegible Reciprocal System names (Reciprocal Systems MUST be on the List of Qualifying Public Retirement Systems in California. No other systems are valid).
  - No employee signature.
  - Incomplete or missing employee information (Forms without a completed Employer Section and designee signature).

Forms are keyed by the SCO within 30 days of receipt. If my|CalPERS determines a change in the employee's enrollment level (Classic or PEPRA New) is necessary, that update will take effect immediately. Agencies must log into my|CalPERS and view the employee's appointment details to review the enrollment level designation.

Employees should be advised that the completion of the Self-Certification Form does NOT constitute a request to establish reciprocity with CalPERS. Employees must complete and return the Confirmation of Intent to Establish Reciprocity When Changing Retirement Systems (PERS-CASD-255) to CalPERS. Once this form is submitted to CalPERS, a review of the employee's eligibility for reciprocal benefits will be conducted.

Employees are strongly encouraged to follow up with CalPERS after 60 days to confirm their enrollment designation by calling the CalPERS Customer Contact Center at (888) CalPERS (or 888-225-7377).

DS:KM:PMAB